

TOWN OF MILAN

Application For Public Access to Records

Date: _____

Time: _____

TO: Catherine M. Gill, Town Clerk, Town of Milan
1415 Route 199, P.O. Box 42
Red Hook, NY 12571

FROM: _____
Name of Individual

Name of Agency or Firm

ADDRESS: _____

PHONE# _____

FAX # _____

I hereby apply to:

_____ inspect the following record and/or
_____ receive a copy at \$.25/page

if available to the public.

Description of record requested: _____

Signature

Mailing address of applicant, if different from above:

